Case 19-31250-RG Doc 53 Filed 10/13/21 Entered 10/13/21 18:37:28 Desc Main Document Page 1 of 7

Fill in this info	rmation to identify your	case:	, and the second		
	initiation to identify your	case.			
Debtor 1	Stanley Jones				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY			
Case number	19-31250				
(if known)					

■ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pa	t 1: Summarize Your Assets				
			Your assets Value of what you own		
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	265,000.00		
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	22,283.00		
	1c. Copy line 63, Total of all property on Schedule A/B	\$	287,283.0		
Рa	t 2: Summarize Your Liabilities				
			liabilities unt you owe		
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	229,134.00		
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0		
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	3,518.8		
	Your total liabilities	\$	232,652.80		
Pa	t 3: Summarize Your Income and Expenses				
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,935.45		
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,785.34		
<sup>o</sup> a	4: Answer These Questions for Administrative and Statistical Records				
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other s	chedules.		
7.	■ Yes What kind of debt do you have?				
7.	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	al, family, or		

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Stanley Jones Case number (if known) 19-31250

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$\_\_\_\_\_9,422.20

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Fill in this information	n to identify your case:	
Debtor 1	Stanley Jones	
Debtor 2 (Spouse, if filing)		
United States Bankru	uptcy Court for the: DISTRICT OF NEW JERSEY	
	9-31250	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Forn	<u>n 106l</u>	MM / DD/ YYYY
Calaaduda l	Varm Incama	, ==,

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>	<ul><li>■ Employed</li><li>□ Not employed</li></ul>
	employers.	Occupation	Supervisror DPW	
	Include part-time, seasonal, or self-employed work.	Employer's name	City of Newark	
	Occupation may include student or homemaker, if it applies.	Employer's address	62 Frelinghysen Ave. Newark, NJ 07102	
		How long employed the	here? 16 Years	_
Par	ct 2: Give Details About Mor	thly Income		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 4,551.91 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 4,551.91 0.00

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Stanley Jones		Case number (if known)	19-31250		
	Con	y line 4 here	4.	For Debtor 1 \$ 4,551.91	For Debtor non-filing s		
5				·			
5.	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	all payroll deductions:  Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: Credit Union	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h	\$ 1,090.83 \$ 745.27 \$ 0.00 \$ 0.00 \$ 342.03 \$ 0.00 \$ 0.00 \$ 368.33	\$ \$ \$ \$ \$ \$ + \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$2,546.46	\$	0.00	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,005.45	\$	0.00	
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify: help from family  Wife will start new job 10/18/21	8a. 8b. 8c. 8d. 8e.	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 1,230.00 \$ 0.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00	7
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$1,230.00	\$2,	700.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	3,235.45 + \$_	2,700.00	= \$ 5	,935.45
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +8							0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certainies				Combin	
13.	Do y	you expect an increase or decrease within the year after you file this form?  No.  Yes. Explain:	?			monthly	income

Official Form 106l Schedule I: Your Income page 2

Fill	in this information	on to identify yo	our case:							
Deb	otor 1	Stanley Jo	nes			Ch	eck if thi An am	s is: ended filing		
Deb	otor 2					_	A sup	olement show	ving postpetition cha	apter
(Sp	ouse, if filing)						13 exp	penses as of	the following date:	
Unit	ted States Bankru	ptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / I	DD / YYYY		
1	se number <u>19-</u> known)	-31250								
0	fficial For	m 106J								
S	chedule	J: Your	Exper	ses						12/1
Be info	as complete ar	nd accurate as re space is ne	possible. eded, atta	If two married people ar ch another sheet to this						
Par 1.	rt 1: Describ	be Your House case?	hold							
	■ No. Go to I	line 2.	in a separa	ate household?						
	□ No		·	al Form 106J-2, <i>Expenses</i>	s for Separate House	hold of De	ebtor 2.			
2.	Do you have	dependents?	□ No		·					
	Do not list Del Debtor 2.	btor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		De ag	pendent's e	Does dependent live with you?	ı
	Do not state th	he							□ No	
	dependents n	ames.			Daughter		16	5	Yes	
					Son		20	)	□ No ■ Yes	
					5011				■ Yes □ No	
									☐ Yes	
									□ No	
3.	expenses of	enses include people other t	han 👝	No					☐ Yes	
	yourself and	your depende	nts? ⊔	Yes						
		te Your Ongoi		y Expenses uptcy filing date unless y	you are using this fo	25 25 25 25 25 25 25 25 25 25 25 25 25 2	supplom	ont in a Cha	entor 12 casa to ror	ort
exp				y is filed. If this is a supp						
the	value of such	assistance and		government assistance i luded it on <i>Schedule I:</i> \				Your expe	enses	
(Of	ficial Form 106	1.)						Tour expe		
4.		home owners any rent for the		ses for your residence. I r lot.	nclude first mortgage	4.	\$		1,930.34	
	If not include	ed in line 4:								
	4a. Real es	tate taxes				4a.	\$		0.00	
	•	y, homeowner's				4b.			0.00	
		naintenance, re wner's associat		ıpkeep expenses dominium dues		4c. 4d.	· —		200.00	
5.				our residence, such as ho	me equity loans	5.			0.00	

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eptor 1	Stanley Jones	Case number (if know	n) <u>19-31250</u>
. Utilitie	es:		
	Electricity, heat, natural gas	6a. \$	280.00
	Water, sewer, garbage collection	6b. \$	65.00
	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	200.00
	Other. Specify:	6d. \$	0.00
	and housekeeping supplies	7. \$	900.00
	care and children's education costs	8. \$	100.00
Clothi	ng, laundry, and dry cleaning	9. \$	100.00
. Perso	nal care products and services	10. \$	100.00
. Medic	al and dental expenses	11. \$	100.00
	portation. Include gas, maintenance, bus or train fare.	*	
	t include car payments.	12. \$	100.00
	ainment, clubs, recreation, newspapers, magazines, and books	13. \$	100.00
			100.00
	able contributions and religious donations	14. \$	100.00
. Insura			
	t include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a. \$	0.00
15b.	Health insurance	15b. \$	0.00
	Vehicle insurance	15c. \$	350.00
	Other insurance. Specify:	15d. \$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.	1οα. ψ	0.00
		4C C	0.00
Specif		16. \$	0.00
	ment or lease payments:	_	
	Car payments for Vehicle 1	17a. \$	328.00
17b.	Car payments for Vehicle 2	17b. \$	682.00
17c.	Other. Specify:	17c. \$	0.00
17d.	Other. Specify:	17d. \$	0.00
	payments of alimony, maintenance, and support that you did not report		<u>0.00</u> _
			0.00
	sted from your pay on line 5, Schedule I, Your Income (Official Form 10	o.,	
	payments you make to support others who do not live with you.	\$	0.00
Specif		19.	
	real property expenses not included in lines 4 or 5 of this form or on S	Schedule I: Your Income	<del>e</del> .
20a.	Mortgages on other property	20a. \$	0.00
20b.	Real estate taxes	20b. \$	0.00
20c.	Property, homeowner's, or renter's insurance	20c. \$	0.00
	Maintenance, repair, and upkeep expenses	20d. \$	0.00
		20e. \$	0.00
	Homeowner's association or condominium dues		
Other	: Specify: Auto Maintenance	21. +\$	150.00
Colou	late your monthly expenses		
	· ·		
	dd lines 4 through 21.	\$	5,785.34
22b. C	copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J	-2 \$	
	dd line 22a and 22b. The result is your monthly expenses.	\$	5,785.34
220. A	ad into 22a and 22b. The result is your monthly expenses.	φ	J, 10J.J4
Calcu	late your monthly net income.		
	· ·	23a. \$	5 025 45
	Copy line 12 (your combined monthly income) from Schedule I.		5,935.45
23D.	Copy your monthly expenses from line 22c above.	23b\$	5,785.34
23c.	Subtract your monthly expenses from your monthly income.	00 m	150 11
	The result is your monthly net income.	23c. \$	150.11
<b>Do yo</b> For exa			ncrease or decrease because of a

Fill in this information to identify your case:					
Debtor 1	Stanley Jones				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		DISTRICT OF NEW JE	RSEY		
Case number	19-31250				
(if known)	13 01200				
(II KNOWN)					

Check if this is an amended filing

## Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Die	d you pay or agree to pay someone who is NC	nn attorney to help you fill out bankruptcy forms?	
	No		
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice  Declaration, and Signature (Official Form 119)	
	der penalty of perjury, I declare that I have rea t they are true and correct.	ne summary and schedules filed with this declaration and	
Χ	/s/ Stanley Jones	х	
	Stanley Jones	Signature of Debtor 2	
	Signature of Debtor 1		
	Date October 13, 2021	Date	

Official Form 106Dec